

# United States Senate

WASHINGTON, D.C. 20510

## APPLICATION FOR INTERNSHIP SENATOR JOE LIEBERMAN (D-CT)

TYPE OR PRINT LEGIBLY

<b>NAME:</b> <i>First:</i>	<i>Middle</i>	<i>Last</i>		
<b>DOB:</b> (YYYYMMDD)	<b>Email Address:</b>			
<b>Home Address</b>	Street:			
Telephone: ( )	City	County	State	Zip
<b>School/Mailing Address</b>	Street:			
Telephone: ( )	City	County	State	Zip
<b>COLLEGE:</b> Name/Address/Class		<b>MAJOR/MINOR:</b>		
<b>Are you a registered voter?:</b> <b>yes</b> <b>no</b> Circle one		<b>If so, in what municipality?:</b>		
PLEASE CHECK PREFERENCES:				
<b>LOCATION</b>	<input type="checkbox"/> Connecticut		<input type="checkbox"/> Washington	
<b>PROGRAM:</b>	<input type="checkbox"/> Fall (Sept. – Dec)		<input type="checkbox"/> Fall (Sept. – Dec)	
	<input type="checkbox"/> Spring (Jan – May)		<input type="checkbox"/> Spring (Jan – May)	
	<input type="checkbox"/> Summer, CT (late May – mid August)		<input type="checkbox"/> Summer, DC (Either Session)	
			<input type="checkbox"/> Summer I, DC (June - July)	
			<input type="checkbox"/> Summer II, DC (July - August)	
<b>SUMMER APPLICANTS:</b> Please note: There is only one summer session for the Connecticut office. Are you able to start before Memorial Day and/or continue working until late August? If so, please indicate dates.			<b>DEADLINES:</b> Washington – Mar 15 Connecticut – Apr 15	
<b>FALL &amp; SPRING APPLICANTS:</b> Please fill in your preferred dates to begin and complete your internship.			<b>DEADLINES:</b> Applications accepted on a rolling basis	

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**ALL APPLICANTS:**

☐ I understand I am applying for an unpaid internship. I will be available to work full time – 40 hours per week. If not, please specify availability:

**What mode of transportation will you be using to travel between your home and our office?**

**\*\*Please note – the office is unable to provide parking facilities for interns.**

**If you will NOT be traveling via personal vehicle, will public transportation allow you to begin and end your work day at the hours you have listed above?**    ☐ yes    ☐ no

**Will you be receiving academic credit for the internship?**    ☐ yes    ☐ no

**How did you hear about our internship program?**

**STATEMENT AND RESUME:**

Please attach a short (500 words) **statement** about your expectations of an internship program, and your goals for your participation in the program, along with a **personal resume**.

**FINISHED WITH YOUR APPLICATION? PLEASE SIGN BELOW AND FAX TO THE APPROPRIATE OFFICE.**

The Honorable Joseph I. Lieberman  
One Constitution Plaza, 7<sup>th</sup> Floor  
Hartford, CT 06103  
Fax: (860) 549-8478

ATTN: Intern Program Coordinator

-- or --

The Honorable Joseph I. Lieberman  
United States Senate  
706 Hart Senate Office Building  
Washington, D.C. 20510  
Fax: (202) 224-9750  
ATTN: Intern Program Coordinator

**SIGNATURE:**

**Date:**